Clinical Supervision Contract

1. Parties to the Agreement

This contract outlines the professional supervision agreement between:

Supervisor:

- Name: Matthew Vincent
- Practice details: Redlands Counselling Service | ABN: 75569680657
    - 61 Ravenbourne Circuit, Capalaba, by appointment only, book online @ www.redlandscounsellingservice.com
- Credentials: Post Graduate Diploma in Psychology, Bachelor of Counselling, Diploma of Counselling, Diploma in Clinical Hypnosis.
- Professional Memberships: Member of the Australian Counselling Association Level 4(ACA) - 3036, Member of College of Supervisors - COS3036
- Contact Information: Email: redlandscounselling@gmail.com | Phone: 1300 241 667

Supervisee:

- Name: _____
- Credentials: _____
- Professional Memberships: _____
- Contact Information: _____
- Job and title: _____

2. Purpose and Aims of Supervision

The primary purpose of this supervision is to ensure the ethical and competent practice of the supervisee. The aims include:

- Enhancing the supervisee's clinical skills, knowledge, and professional development.
- Ensuring the welfare and safety of clients.
- Promoting reflective practice and self-awareness in the supervisee.
- Providing a supportive and confidential space for the supervisee to discuss their casework.
- Ensuring the supervisee adheres to the ethical guidelines and code of conduct of their professional body and relevant state/country legislation.

3. Roles and Responsibilities

Supervisor's Responsibilities:

The supervisor agrees to:

- Provide a safe, non-judgmental, and respectful environment for supervision.
- Offer guidance, support, and constructive feedback on the supervisee's clinical work.
- Help the supervisee identify their strengths, areas for development, and learning goals.
- Maintain confidentiality regarding the supervisee's practice, except in specific circumstances outlined in this agreement.
- Model ethical practice and offer consultation on complex ethical dilemmas.

Supervisee's Responsibilities:

The supervisee agrees to:

- Attend all scheduled supervision sessions, prepared to discuss their caseload and any relevant professional issues.
- Be open and honest about their clinical work, including challenges, successes, and ethical concerns.
- Maintain client confidentiality and seek consent for the anonymized discussion of cases in supervision.
- Adhere to the ethical code of their professional body and the laws of their state/country.
- Inform the supervisor of any professional or personal issues that may impact their clinical practice.
- Keep accurate and detailed records of their client work and supervision sessions.

4. Confidentiality and its Limits

All sessions will be conducted in confidence. Normally, what you talk about with me will be kept confidential, however there are certain expectation to this. For example:

- Files subpoenaed by a court.
- Failure to disclose the information would place you and/or another person at risk.
- Mandated Notification.
- Case discussion with my supervisor/s.
    - Provide a written report to another processional or agency, or
    - Discuss the material with another person.

It is understood that I am mandated reporter and must obey the law plus operate within a code of conduct as outlined by Australian Counselling Association. (Access the code of ethics on ACA website)

5. Administrative Details

- Frequency of Sessions: Supervision will take place [e.g., weekly, fortnightly, monthly].
- Duration: Each session will be 60 minutes long.
- Supervision Fee: The fee is $102 including card fees per session.
- Cancellation Policy: A minimum of 24 hours' notice is required for cancellation. Sessions cancelled with less notice will be charged at the deposit rate of $70.

6. Review and Termination of the Contract

This contract will be reviewed annually or as needed to ensure it continues to meet the needs of both parties.

The supervision relationship may be terminated by either party with no notice needed.

7. Agreement and Signatures

By signing below, both parties acknowledge that they have read, understood, and agree to the terms and conditions outlined in this supervision contract.

Supervisor Signature: _____

Date: _____

Supervisee Signature: _____

Date: _____